06/010/05/TN 9

POMS

PROGRAM OPERATIONS MANUAL SYSTEM
Part 06
Health Insurance

Chapter 010
Premium Collections

Subchapter 05
Premium Hospital Insurance

This consolidation incorporates up to transmittal 9

U.S. Department of
Health and Human Services
Social Security Administration
Office of Policy
SSA Pub. No. 68-0601005
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April 1988

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Check List of POMS Transmittals Received

TN	Date	Initial	TN	Date	Initial	TN	Date	Initial	TN	Date	Initial
1			37			73			109		
2			38			74			110		
3			39			75			111		
4			40			76			112		
5			41			77			113		
6			42			78			114		
7			43			79			115		
8			44			80			116		
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28			64			100			136		
29			65			101			137		
30			66			102			138		
31			67			103			139		
32			68			104			140		
33			69			105			141		
34			70			106			142		
35			71			107			143		
36			72			108			144		

Check List of POMS Transmittals Received

TN	Date	Initial	TN	Date	Initial	TN	Date	Initial	TN	Date	Initial
145.			181.			217.			253.		
146.			182.			218.			254.		
147.			183.			219.			255.		
148.			184.			220.			256.		
149.			185.			221.			257.		
150.			186.			222.			258.		
151.			187.			223.			259.		
152.			188.			224.			260.		
153.			189.			225.			261.		
154.			190.			226.			262.		
155.			191.			227.			263.		
156.			192.			228.			264.		
157.			193.			229.			265.		
158.			194.			230.			266.		
159.			195.			231.			267.		
160.			196.			232.			268.		
161.			197.			233.			269.		
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163.			199.			235.			271.		
164.			200.			236.			272.		
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166.			202.			238.			274.		
167.			203.			239.			275.		
168.			204.			240.			276.		
169.			205.			241.			277.		
170.			206.			242.			278.		
171.			207.			243.			279.		
172.			208.			244.			280.		
173.			209.			245.			281.		
174.			210.			246.			282.		
175.			211.			247.			283.		
176.			212.			248.			284.		
177.			213.			249.			285.		
178.			214.			250.			286.		
179.			215.			251.			287.		
180.			216.			252.			288.		

Chapter HI 010—Premium Collection

Subchapter 05—Premium Hospital Insurance

Claims Manual (CM) Reference	*POMS Reference*
10494	HI 01005.001
10494	HI 01005.005
10494.1	HI 01005.005
10494.3	HI 01001.010
10494.5	HI 01001.015
10494.7	HI 01001.020
10494.9	HI 01001.025
10495 Exhibit 1	HI 01001.800
10495 Exhibit 2	HI 01001.801
10495 Exhibit 3	HI 01001.802
10495 Exhibit 4	HI 01001.803
10495 Exhibit 5	HI 01001.804
10495 Exhibit 6	HI 01001.805
10495 Exhibit 7	HI 01001.806
10495 Exhibit 8	HI 01001.807
10495 Exhibit 9	HI 01001.808
10495 Exhibit 10	HI 01001.809
10495 Exhibit 11	HI 01001.810
10495 Exhibit 12	HI 01001.811
10495 Exhibit 12 (cont)	HI 01001.812
10495 Exhibit 13	HI 01001.813
10495 Exhibit 13 (cont)	HI 01001.814
10495 Exhibit 14	HI 01001.815
10495 Exhibit 14 (cont)	HI 01001.816

01005.000 Premium Hospital Insurance

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HCFA-1589A Medical Insurance Termination Record	01005.812
HCFA-2653 Hospital Insurance Termination Notice	01005.813
HCFA-2653A Hospital Insurance Termination Record	01005.814
HCFA-2654 Hospital and Medical Insurance Termination Notice	01005.815
HCFA-2654A Hospital and Medical Insurance Termination Record	01005.816

Act—Sec. 1818

Regulations: 42 CFR 408.22, 408.23, and 408.24

01005.001 HI Premium Collection—General

Except as otherwise expressly provided below, the rules applicable to collection of SMI premiums from nonbeneficiaries apply to HI premium collection, including the rules governing due dates, grace periods, and termination for nonpayment.

An HI premium is due for each month of entitlement to Premium-HI coverage, beginning with the first month of such coverage and continuing through the month of death, or if earlier, the month in which such coverage terminates (including, where applicable, each month of coverage in the grace period). A premium is due for the month of death even though the enrollee dies on the first day of the month.

01005.005 Standard HI Premium Amounts

A. Computation of Standard Premium

The amount of the premium depends indirectly on the changes in hospital costs. Prior to the enactment of P.L. 98-21 in April 1983, the law provided that during the last quarter of each year, the Secretary must determine and promulgate the HI premium for the 12-month period beginning July 1 of the next year. The new rates are based on estimated average per diem costs under a formula that has as its one variable factor the inpatient hospital deductible (IHD) for the calendar year in which the premium becomes effective. P.L. 98-21 changed the date of promulgation to the next-to-last calendar quarter of each year for the 12 months beginning with the following January.

The IHD reflects average per diem costs for hospital services. Since the one variable in this formula is the IHD for a year, the HI premium amount can be determined as soon as the IHD is determined. Under this formula, the monthly HI premiums will be 33/76 (i.e., about 43.421%) of the HI deductible for that year. The standard premium is always rounded to the nearest $1, or if midway between multiples of $1, to the next higher dollar. Because of the change in the promulgation and effective dates made by P.L. 98-21, there was no base premium increase during 1983.

The average estimated cost of providing Premium-HI benefits is to be paid in full by individuals who enroll for such coverage. No funds from general revenues of the Federal Government are contributed toward the estimated cost.

B. Premium Amounts

Standard HI premium amounts, and the corresponding IHD amounts on which they are based, for months after 6/73 are as follows:

Inclusive Period	Premium Amount	IHD Amount
7/73-6/74	$ 33.00	
7/74-6/75	36.00	$ 84.00 (Eff. 1/1/74)
7/75-6/76	40.00	92.00 (Eff. 1/1/75)
7/76-6/77	45.00	104.00 (Eff. 1/1/76)
7/77-6/78	54.00	124.00 (Eff. 1/1/77)
7/78-6/79	63.00	144.00 (Eff. 1/1/78)
7/79-6/80	69.00	160.00 (Eff. 1/1/79)
7/80-6/81	78.00	180.00 (Eff. 1/1/80)
7/81-6/82	89.00	204.00 (Eff. 1/1/81)
7/82-12/83	113.00	260.00 (Eff. 1/1/82)

(Although the IHD amount was established at $304.00 effective 1/1/83, no increase was made in the premium during 1983.)

1/84-12/84	155.00	356.00 (Eff. 1/1/84)
1/85-12/85	174.00	400.00 (Eff. 1/1/85)
1/86-12/86	214.00	492.00 (Eff. 1/1/86)
1/87-12/87	226.00	520.00 (Eff. 1/1/87)
1/88-12/88	234.00	540.00 (Eff. 1/1/88)

01005.010 Premium Increase for Delay in Enrollment

A. General

Section 9124 of P.L. 99-272, enacted 4/7/86, changes the way in which a premium surcharge (also known as premium penalty) is assessed for those who enroll late in Premium-HI.

Effective for premiums due beginning with 7/86, the premium surcharge for late enrollment will never be more than 10 percent. This 10 percent surcharge will be payable only for twice the number of months in the full 12-month periods during which the individual could have been but was not enrolled in Premium-HI. (See HI 01005.700 for information on the premium surcharge provision in effect prior to 7/86.)

B. Calculating the Surcharge and the Length of Time During Which It Must Be Paid

For surcharge purposes, count the months during which an individual could have been, but was not, enrolled in Premium-HI. As in the SMI surcharge provisions (HI 01001.010), the months counted are those after the end of the initial enrollment period (IEP) through the end of the general or special enrollment period in which the enrollment occurred, plus (for those enrolling more than once) the elapsed months between termination of each coverage period and the close of each enrollment period in which the individual enrolled.

Exclude from the total elapsed months:

1. Any months prior to 9/73, if the Premium-HI IGEP ended prior to that date;
2. Any months, as explained in HI 01001.010 A., relating to enrollments during the open enrollment period of 4/81 through 9/81;
3. Any months affected by the (repealed) 2-enrollment limitation, as explained in HI 01001.010 C.8., and E., Example 6; and
4. Any months beginning with 1/83 in which the individual was age 65 or over and covered under an employer group health plan, as noted

in HI A00805.265 ff.

If the countable months total less than 12, there is no surcharge. If the number of months are *12 or more*, a 10 percent surcharge is imposed.

The number of months in excess of 12 are not, as in SMI, used to determine the *percentage* to be assessed as the surcharge. However, these months are used to determine for *how long* the individual must pay the 10 percent surcharge.

The individual who must pay a 10 percent surcharge pays it for twice the number of full 12-month periods during which he or she could have been but was not enrolled. After that, the penalty is removed.

Example:

Mary has 14 months (*one* full 12-month period) elapsing after the end of her IEP through the end of the general enrollment period (GEP) in which she enrolls. She pays a 10 percent surcharge for a total of 24 months.

If an individual was entitled to Premium-HI prior to 7/86 and was paying a premium penalty for late enrollment, the months during which he or she had already paid the penalty are counted in determining how long the 10 percent penalty (effective 7/86) is payable.

C. No Change in SMI Premium Surcharge Provisions

Although Premium-HI enrollees must be enrolled in SMI in order to be entitled to Premium-HI, the amendments have made no change whatsoever in how the SMI premium surcharge is determined.

This means that an individual may have to pay only a 10 percent surcharge for Premium-HI but a higher surcharge for SMI.

In addition, when the Premium-HI surcharge has been eliminated (after being paid for twice the number of full 12-month periods used to calculate the surcharge), the individual will continue to pay the surcharge that had been established for the SMI premium.

D. Examples of the Effect of the Amendments

Example 1:

John has been entitled to Premium-HI since 7/80. His premium surcharge (penalty) is 20 percent since there were 32 months (two full 12-month periods) after the end of his IEP through the 1980 GEP during which he could have been but was not enrolled in Premium-HI. As of 7/86, his surcharge was eliminated because he had paid the surcharge for more than 48 months (i.e., more than twice the number of 12-month periods originally used to establish the 20 percent surcharge).

Example 2:

Mary, born 6/7/16, was entitled to Premium-HI as of 7/84 based on a 1984 GEP enrollment. Her surcharge was established at 20 percent because there were 30 months after the end of her IEP through the end of the 1984 GEP. As of 7/86, her surcharge was reduced to 10 percent. Since there were two full 12-month periods used to calculate the 20 percent surcharge, she will continue to pay the 10 percent surcharge until she has paid a surcharge for a total of 48 months. Since she began paying the 20 percent surcharge in 7/84, and continued to pay a 10 percent surcharge as of 7/86, she will continue to pay the 10 percent surcharge through 6/88. As of 7/88, she will pay base rate with no surcharge at all.

Example 3:

Bill, born 2/14/15, had enrolled in Premium-HI during the 1982 GEP. He was assessed a 10 percent premium surcharge because 22 months had elapsed after the end of his IEP through the end of the 1982 GEP. His enrollment terminated 12/31/83. He re-enrolled in the 1985 GEP. The 22 months counted against him from the earlier period of entitlement are added to the 15 months that elapsed from 1/84 (after entitlement ended) through the end of the 1985 GEP. With 37 months chargeable for surcharge purposes, he must pay a 30 percent surcharge. As of 7/86, his 30 percent surcharge was reduced to 10 percent.Since three full 12-month periods are chargeable, Bill must pay the surcharge for a total of 6 years. By the 7/86 effective date of the surcharge percentage reduction, Bill had paid a surcharge for 30 months (7/82 through 12/83, plus 7/85 through 6/86). Therefore, Bill has to pay the 10 percent surcharge for the 42 months beginning with 7/86 and ending with 12/89. As of 1/90, Bill's HI premium will be rolled back to the base rate with no surcharge.

Example 4:

Bob, born 6/6/16, files for Premium-HI and SMI in the 1987 GEP. The months to be counted for surcharge purposes are 10/81 (the first month after the end of his IEP) through 3/87 (the end of the GEP in which he enrolls), a total of 66 months. His SMI surcharge is established at 50 percent since there are 5 full 12-month periods represented in the 66-month total. His Premium-HI surcharge is 10 percent, and will be eliminated after he pays this surcharge for 120 months (7/87 through 6/97).

E. Premium Surcharge Payable in 1988

The premium rate for 1988 is $234.00. Since there will be no surcharge amount higher than 10 percent, the only surcharge amount payable will be $23.40. This means that the total premium payable for those who must pay a surcharge is $257.40, whether they enrolled in Premium-HI prior to 1988 or are first enrolling on a delayed basis in the 1988 GEP. As stated above, the surcharge will be removed when it has been paid for twice the number of full 12-month periods during which the individual could have been but was not enrolled in Premium-HI. Depending on individual circumstances, some individuals who must pay $257.40 in 1/88 will have the surcharge removed by the end of the year.

01005.015 Collection of HI Premiums

Since all Premium-HI enrollees are nonbeneficiaries, the premiums must be paid by direct remittance, either by the enrollee or by a group payer on his behalf. Except as otherwise expressly provided in the HI premium collection instructions, the rules applicable to the collection of SMI premiums from nonbeneficiaries (HI 01001.065) apply to collection of HI premiums.

A. Billing Premium-HI Enrollees

Because HI premiums are so much larger than SMI premiums, Premium-HI enrollees are billed monthly rather than quarterly. They may, if they desire, pay up to 12 months in advance. If they do so, premium billing is suspended until an amount is again due.NOTE: (A group may be paying premiums for one type of coverage. In such a case, the legend "premiums paid by your agency" is printed in the appropriate billing period block.)

If a Premium-HI/SMI enrollee does not pay his premiums timely and more than 2 months' premiums accumulate after his initial billing month, he is sent a delinquency notice in the last month of this grace period. This notice serves three purposes: it indicates the past due period and premium for the type of coverage that is in jeopardy; it reflects the potential termination date; and it shows the amount due for the month following the potential termination date. The enrollee does not have to pay the full past due amount to prevent terminations. However, he must pay enough to reduce the "past due amount" to 2 months' liability or less.

If a remittance is less than the total (monthly) amount due for both HI and SMI, the payment is first applied to the coverage that is in jeopardy of termination. If neither coverage is in danger of imminent termination, the amount received is applied first to the coverage (A or B) most in arrears.

Example:

John Jones was sent a delinquent notice early in 12/76. The termination date field indicated that hospital and medical insurance would end on 12/31/76; the HI past due months field reflected 10/76-12/76 and the past due amount was shown as $135. The SMI past due months reflected 10/76-12/76 and the past due amount field indicated $21.60. To protect his Part A and B coverage for at least 1 month, Mr. Jones would have to pay at least $52.20. This would reduce the Part A and B past due amounts to $90 and $14.40 respectively and prevent termination on 12/31/76. Another delinquent notice would be sent to him in January reflecting a termination date of 1/31/77 with respective Part A and B past due amounts shown as $135 and $21.60. However, if Mr. Jones owed Part B premiums for 10/76-12/76 and Part A premiums for 11/76-12/76, the premium amount remitted would be applied first to reduce the Part B arrearage so that termination of that coverage would not occur. If it was Part A that was in jeopardy of termination because of premiums in arrears, and Part B was not in danger of terminating, the remittance would be applied to Part A first to assure that termination did not occur. The grace period may be extended for good cause in accordance with HI 01001.360.

The law provides that an individual cannot be entitled to Premium-HI unless he is also entitled to SMI. If a pre-existing SMI billing schedule is not consistent with the 90-day grace period initially established for the payment of HI premiums, the SMI grace period will be changed to conform to the HI grace period.

Example:

Joe Jones is entitled only to SMI benefits. During the 1987 GEP, he enrolls for Premium-HI. When he is billed for his HI and SMI premiums in 6/87 (for 7/87), his grace period will be synchronized and neither his HI nor SMI coverage can be terminated if premiums owed up to and including 7/87 are paid by 9/30/87.

B. CSC Annuitant

A Premium-HI enrollee who is also receiving a civil service annuity will be billed directly for his HI premiums. The law does not require deduction of such premiums from the annuity payments. The cost of instituting a procedure for such deduction would be prohibitive, because very few CSC annuitants are enrolled for Premium-HI.

C. DO Contact

The first time a delinquent notice is generated for a Premium-HI enrollee, a DO contact notice will also be sent to the servicing DO. It will be in the format of the BCM premium query reply and have the legend "HI/SMI DELINQUENT PREMIUM CONTACT."

Contact the delinquent enrollee during the third month of the grace period, either personally or by phone, to advise him of his potential loss of coverage. If contact is not established at that time, make further efforts even though the initial grace period has expired. Be alert to the need for developing a potential premium payer for the enrollee if he appears unable to handle his own premium payments (see HI 01001.225). Wherever appropriate, develop "good cause" for failure to pay within the 90 day grace period, if it appears that the individual wants continued coverage and will pay the premiums owed. In addition, advise the enrollee that if he is financially unable to pay HI premiums, he should consider continuing the Part B coverage. If the enrollee is deceased, communicate the date of death through normal channels.

01005.020 Group Payer Arrangements

The policies and procedures set forth in HI 01001.230 ff. apply to organizations which wish to pay premiums on behalf of Premium-HI enrollees. Existing SMI premium group payers must notify HCFA if they wish to include Part A enrollees under their arrangements. Since they have already met the basic requirements for establishing a group payer arrangement, there is no need for them to represent a substantial number of Part A enrollees. (See HI 01001.240 C.)

Organizations which are initially requesting establishment of a group payer arrangement (whether for SMI premiums only, HI premiums only, or both) must meet the requirements of HI 01001.230 with respect to the total enrollees for whom they are paying. That is, a substantial number of either Part A or Part B enrollees will be required. In addition, they will com-

plete an arrangement form which spells out their premium payment responsibilities.

Group payers are required to report Part A enrollees separately from Part B enrollees to simplify recordkeeping. To clarify this reporting, a separate group agency code is assigned for each type of premium payment.

Currently, SMI group payers are assigned three position reporting codes beginning with the letters A, B, J, or K and followed by two digits, e.g., A14, A32, B03, J81, K55, K36 (see HI 01005.809). Part A group payers other than States (see HI 01005.025) are assigned three position reporting codes beginning with X, and two digits. Consistency is maintained between Part A and Part B group codes as follows:

> An agency maintains the same digit identifiers in each code. For example, agency A15 upon notifying SSA that it is going to pay Part A premiums would be assigned an HI agency code of X15; agency J80 would be assigned HI agency code X80; agency K36 would be assigned HI agency code X36; B03 would be assigned agency code X03.

01005.025 State Organizations

A. Welfare Organizations

States may pay Part A premiums for their cash welfare and/or Medicaid recipients. However, they must do so under a group payer arrangement. This means that they cannot "enroll" an individual for Part A coverage as they can for Part B coverage. A nonenrolled or terminated Part A enrollee must enroll during an IEP or a subsequent GEP and then request the State to accrete him. The enrollee must also complete a statement authorizing the State to pay Part A premiums on his behalf. In addition, the State must assume responsibility for the payment of Part A premiums through the month it notifies SSA of a deletion. States which establish Part A payer arrangements with SSA are assigned group payer codes beginning with S and the first two numbers of the State's code. For example, California, with a State Part B agency code of 050 (see HI 01005.808), would be assigned a Part A group premium payer agency code of S05.

B. Non-Welfare Organizations

Other State organizations, such as retirement systems, are assigned Part A reporting codes consisting of three positions-X, followed by two digits (see HI 01005.020).

01005.700 Law on Premium Penalty for Late Enrollment in Effect Prior to 7/86 — Historical Information

A. General

Until 7/86, an individual's HI premiums were increased by 10% for each 12-month period in which the individual could have been but was not enrolled for HI. The months counted were the elapsed months between the close of the Initial Enrollment Period (IEP) and the close of the enrollment period in which he or she enrolled PLUS, for those enrolling more than once, the elapsed months between termination of each coverage period and the close of each enrollment period in which the individual enrolled. Two changes in enrollment effective 4/1/81 affected the months counted in determining the increased premium for HI as well as for SMI. These are explained in HI 01001.010 A., C.8., and E., Example 6. As under current law, no premium increase was made for a period of less than 12 months. The IEP from which elapsed months was counted was the HI/IEP, and not the SMI/IEP. Thus, under no circumstances was any month before 9/73 (first month after the IGEP) counted. Similarly, no month was counted during which the individual was ineligible for Premium-HI because of eligibility for or entitlement to nonpremium-HI or because of ineligibility to enroll in SMI.

The first month for which a 10% HI premium increase was applicable was 7/75. Similarly, the 20% increase first became applicable in 7/76, etc. The following table shows the amounts of increased premiums and the earliest effective date for the increase indicated:

TABLE 1 — PREMIUMS AND SURCHARGES 7/73 - 7/79

	7/73	*7/74*	*7/75*	*7/76*	*7/77*	*7/78*	*7/79*
Standard	$33.00	$36.00	$40.00	$45.00	$54.00	$63.00	$69.00
10%			44.00.	49.00	59.40	69.30	75.90
20%				54.00	64.80	75.60	82.80
30%					70.20	81.90	89.70
40%						88.20	96.60
50%							103.50

TABLE 2 — PREMIUMS AND SURCHARGES 7/80 - 1/86

	7/80	*7/81*	*7/82*	*1/84*	*1/85*	*1/86*
Standard	$78.00	$89.00	$113.00	$155.00	$174.00	$214.00
10%	85.80	97.90	124.30	170.50	191.40	235.40
20%	93.60	106.80	135.60	186.00	208.80	**256.80
30%	101.40	115.70	146.90	201.50	226.20	**278.20
40%	109.20	124.60	158.20	217.00	243.60	**299.60
50%	117.00	133.50	169.50	232.50	261.00	**321.00
60%	124.80	142.40	180.80	248.00	278.40	**342.40
70%		151.30	192.10	263.50	295.80	**363.80
80%			203.40	279.00	313.20	**385.20
90%			*214.70	294.50	330.60	**406.60
100%				*310.00	348.00	**428.00
110%					*365.40	**449.40
120%						**470.80

*The 90% surcharge did not become payable until 7/83, based on a 1983 GEP enrollment. The higher surcharges became payable as of the July after the effective date of the premium increase, based on enrollment during the GEP's of the respective calendar years.

**Effective with 7/86, when the 120% surcharge would have gone into effect, the law was amended so that the surcharge for late enrollment would never be more than 10% no matter how late the individual enrolled. Consequently, the *only* surcharge amount payable from 7/86 on is 10% of the base rate. All those who had been paying a surcharge higher than 10% were reduced to 10% ($235.40) as of 7/86. A further limitation on the surcharge is that no individual will pay the surcharge for more than twice the number of full 12-month periods during which he or she could have been but was not enrolled. Thus, some individuals had their surcharge *eliminated* as of 7/86. See HI 01005.010 for a full explanation of the surcharge rules in effect as of 7/86.

B. Examples of HI Premium Increases

Example 1:

Emmet George, born in 1901, was eligible to enroll in Premium-HI during the IGEP (12/1/72-8/1/73). However, he did not enroll until 3/74 during the 1974 GEP. He was not subject to a premium increase, since there were only 7 months in which he could have been but was not enrolled—9/73 (the month after the close of the IGEP) through 3/74 (the close of the GEP in which Mr. George actually enrolled). Had Mr. George waited until 3/75 to enroll in Premium-HI, his premium would have been increased by 10 percent, since there were 19 months, 9/73 through 3/75, between the close of his IEP and the close of the enrollment period in which he enrolled.

Example 2:

Nancy Gross, an uninsured U.S. citizen, was born 9/10/09; thus her IEP for purposes of enrolling in Premium-HI (and SMI) is a 7-month period running from 6/74 through 12/74. Ms. Gross enrolled in Premium-HI and SMI in 6/74, and her coverage became effective 9/74. Effective 2/28/75, her coverage was terminated for nonpayment of premiums. She reenrolled in HI and SMI during the 1977 GEP, and her premiums were increased 20 percent since there were 25 months in the period beginning with 3/75 (the first month after the month of termination) through 3/77 (the last month of the GEP in which Ms. Gross reenrolled).

Example 3:

Sheldon Long, a U.S. citizen who became age 65 on 10/20/73, first enrolled for Premium-HI and SMI during the 1975 GEP, which ended 14 months after the close of his IEP. Therefore, he was subject to a 10 percent premium increase. He voluntarily terminated his Premium-HI effective 12/31/75, but kept his SMI. In 2/77, during the 1977 GEP, he again enrolled for Premium-HI. The 15 months beginning 1/76 through 3/77 (the last month of the GEP in which Mr. Long reenrolled) are added to the 14 months which elapsed between the end of his IEP and the end of the GEP in which he first enrolled, making a total of 29 months to be counted in the determination of the premium increases. In these 29 months there are 2 full 12-month periods during which Mr. Long could have been but was not enrolled. Therefore, his Premium-HI coverage which began 7/77 was subject to a 20 percent premium increase. Since his SMI coverage did not terminate on 12/31/75 along with his Premium-HI coverage, he continued to pay SMI premiums at a 10 percent increased rate.

NOTE: *In the above situations where a surcharge was applied, if the individual was still enrolled in Premium-HI as of 7/86, the Premium-HI surcharge would have been removed under the provisions of P.L. 99-272, as explained in HI 01005.010.*

01005.800 HCFA-500, Notice of Premium Payment Due

HCFA - 500

NOTICE OF MEDICARE PREMIUM PAYMENT DUE

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

BILLING DATE:

CLAIM NUMBER ▶

	PAST DUE PERIOD	PAST DUE AMOUNT	CURRENT BILLING PERIOD	CURRENT AMOUNT	TERMINATION DATE
HOSPITAL INSURANCE					
MEDICAL INSURANCE					

PAY THIS AMOUNT ▶ TOTAL PAYMENT DUE

AN IMPORTANT MESSAGE CONCERNING YOUR MEDICARE INSURANCE PREMIUMS

1. The above Billing Date represents the date that your record was selected for this bill. Any premium payments received after this date will be reflected on your next bill.
2. Past due premiums must be paid by the termination date shown above or your Medicare insurance will end on that day.
3. Even if your Medicare insurance ends, you must still pay all past due premiums.
4. If your Medicare insurance ends, you may apply for it only during January, February, or March of each year. Your coverage will not begin until July 1 of the year you reapply and your premium may be higher because of the interruption in coverage.
5. If you should have any questions concerning your Notice of Medicare Premium Payment Due, please write or visit your local Social Security Office.

PLEASE DETACH AT DOTTED LINE

KEEP THIS PORTION FOR YOUR RECORDS

HCFA - 500

RETURN THIS PORTION OF NOTICE WITH YOUR REMITTANCE

FOR CHANGE OF ADDRESS (please print)
NEW MAILING ADDRESS (NO. AND STREET, APT. NO., P.O. BOX)

CITY STATE ZIP CODE COUNTY (IF ANY)

PLEASE PAY PROMPTLY. YOUR PREMIUM BILLS ARE PAYABLE UPON RECEIPT. IF YOU HAVE PAID PART OF THE TOTAL PAYMENT DUE, PAY ONLY THE BALANCE.

CLAIM NUMBER ▶

SHOW ABOVE CLAIM NUMBER AT THE TOP OF YOUR CHECK OR MONEY ORDER.

DO NOT SEND CASH OR STAMPS

PAY THIS AMOUNT ▶ TOTAL PAYMENT DUE $

MAKE CHECKS PAYABLE TO:
HCFA MEDICARE INSURANCE

SEND TO: MEDICARE PREMIUM COLLECTION CENTER
POST OFFICE BOX 371384M
PITTSBURGH, PENNSYLVANIA 15250

Premium Hospital Insurance

01005.801 Premium Billing and Collection Cycle

CENTRAL OFFICE

1. Prepares billing tapes (English and Spanish) on a monthly basis and mails tapes by Federal Express to the Medicare Billing Contractor.

MEDICARE BILLING CONTRACTOR

2. Receives billing tapes from C/O. Prints and mails quarterly and montly initial billing notices, second notices and delinquent notices in English and Spanish from data on billing tapes that were produced in C/O. Returns used magnetic tapes to C/O quarterly.

APPLICANT

3. Receives bill (HCFA-500) and remits payment by mail or through DO to Medicare Premium Collection Center. Certain beneficiaries receive a monthly bill instead of a quarterly bill.

DISTRICT OFFICE

4. Accepts payment, encourages remittance quarterly and by mail, arranges for monthly payment where desired by non beneficiary

5. Gives beneficiary receipt for premium payments, converts cash to negotiable instrument, forwards remittances and two copies of SSA-1395 to the Medicare Premium Collection Center

MEDICARE PREMIUM COLLECTION CENTER

6. Receives remittances, processes checks etc., deposits monies into HCFA account, prepares data for BCM update and transmits data to C/O.

PROCESSING CENTER

7. If DO sends premium payments to PSC in error, acknowledge receipt (DO should direct premium payments to contractor) PSC can either process payment or forward to MPCC. PSC will recieve and process direct remittance for a few bills that were clerically prepared by the PSC.

8. Prepares input data for updating billing anc collection master file indicating premium payment made (for the few misdirected and PSC clerically prepared bills) and transmit tape to C/O.

CENTRAL OFFICE

9. Receives update tape from MPCC, updates BCM to reflect premium received, identifies delinquent payers, when necessary terminates beneficiaries for nonpayment of premiums.

01005.802 Premium Collection Addresses

HCFA Contractor for Processing Remittances:
Health Care Financing Administration
Medicare Premium Collection Center
Post Office Box 371384M
Pittsburgh, PA 15250

Reviewing Offices (Request for refunds should not be sent to these addresses.)
(See HI 00805.180 and HI 01001.041.)

Department of Health, and Human Services
Social Security Administration
Northeastern Program Service Center
P.O. Box 7382 Flushing NY 11351

Department of Health, and Human Services
Social Security Administration
Mid-Atlantic Program Service Center
P.O. Box 3430
Philadelphia PA 19123

Department of Health, and Human Services
Social Security Administration
Southeastern Program Service Center
P.O. Box 615
Birmingham AL 35201

Department of Health, and Human Services
Social Security Administration
Great Lakes Program Service Center
P.O. Box 5740
Chicago IL 60680

Department of Health, and Human Services
Social Security Administration
Mid-America Program Service Center
P.O. Box 15528
Kansas City MO 64106

Department of Health and Human Services
Social Security Administration
Western Program Service Center
P.O. Box 1909
Richmond, CA 94802

Department of Health, and Human Services
Social Security Administration
Office of Disability Operations
P.O. Box 1039
Baltimore MD 21203

International Program Service Center (For refund requests as well as SMI Premiums)

Department of Health, and Human Services
Social Security Administration
P.O. Box 1756
Baltimore, MD 21203

01005.803 Table Showing Premium Collection Process for Beneficiaries

Enrollee	*Method of Payment*	*Premium Collection*	*Grace Period*
SS Beneficiary in current pay status and disability beneficiaries in current pay status effective July 1973. (Not covered by State buy in.)	Deduction from monthly benefits (on a current basis—one month's premium from each monthly benefit).	From check for previous months, e.g., premium for October deducted from check for September. (See HI 01001.040. C. for situations where all premiums owed will be deducted from any benefits payable.)	Not applicable in current pay status. Premiums deducted every month through month of death or termination of entitlement
SS beneficiary in deferred status—benefits to be resumed at specified time for current year.	No billing initiated. Accrued premiums deducted from monthly benefits when payments resume. (If enrollee goes from suspense to deferred status, billing continues until monthly benefit payments resume.)	At time monthly benefit payments resume.	Not applicable.
SS beneficiary (including disability beneficiary) in suspense for indefinite period or definite period which will not permit collection of all premiums due from benefits for current year.	Initially requested to pay premiums placing him in a quarterly billing cycle; receives regular premium bills during year.	Quarterly billing	Calendar year earnings report—payment due 2/5, grace period ends 4 /30. Fiscal year earnings report—payment due 5th day of 2nd month after close of fiscal year; grace period ends last day of 4th month after close of fiscal year, unless an extended grace period is given (see HI 01001.355 ff).

01005.804 Table Showing Premium Collection Process for Nonbeneficiaries

Enrolled Person Is	*How Premium Paid*	*Grace Period*
SMI—Not entitled to RSDI, or Railroad retirement or survivor annuity, or civil service annuitant, nor covered under a State buy-in agreement.	Billed every 3 months. Initial notice is for 3 months from billing date and any prior coverage months. Monthly payment permissible if personally preferred. Group payment by a third party may be authorized by enrollee.	Ends on the last day of the second month in which the due date falls. (See HI 01001.095), unless an extended grace period is given (See HI 01001.355 ff.)
HI—Not entitled to hospital insurance coverage under any other provision in the law.	Monthly billing: Combined SMI and HI premium billing notice. Group payment by a third party may be authorized by enrollee.	Same as above except for initial billing period. When combined billing notice is issued, any pre-existing SMI grace period is coordinated with the HI grace period. (See HI 01005.015.A.)

01005.805 HCFA-1626, Notice of Group Billing Arrangement

Medicare Notice

Bureau of Program Operations

If you inquire, please include your Medicare Claim No.

Date

Notice of Group Billing Arrangement

Type of Coverage:

As you know, you recently authorized an organization to pay your Medicare premiums for the coverage shown above. We will send the bills to the organization, but you will still be responsible for seeing that they are paid.

If the organization decides that it will no longer handle your premium payments, we will again send the premium notices to you. We will also let you know if there is any other change in your Medicare premium payments.

If you have any questions about your premium payments, you should get in touch with any social security office. The people there can answer most questions by telephone or by mail. If you visit an office, please take this notice with you.

01005.806 LAF (Ledger Account File) Codes

LAF codes reflect the current payment status of the particular record. They are identified below:

Code Explanation

- B Abatement Status
- C Current Payment Status
- S Suspense, or conditional status (benefits stopped indefinitely):
  - S0–Continuing disability investigation
  - S1–Working outside the U.S.
  - S2–Working in the U.S.
  - S3–Insured is working in the U.S.
  - S4–Failure to have a child in her care
  - S5–Insured is working outside the U.S.
  - S6–Address of record is inadequate
  - S7–Refuses VR services
  - S8–Developing representative payee
  - S9–Miscellaneous suspension
  - SB–Benefits Due but not paid
  - SF–Does not meet residency requirements (Prouty)
  - SH–Government pension exceeds benefit (Prouty)
  - SJ–Alien suspension
  - SK–Deportation
  - SL–Living in barred payment country
  - SM–Refused benefits (although this code is not currently being used it is still reflected in many MBR records for individuals who have not entered current payment status)
  - SP–Receiving public assistance (Prouty)
  - SW–Workmen's compensation offset
- D Deferred Payment Status (benefits stopped but will be resumed as of a predetermined date)
  - D1–Working outside the U.S.
  - D2–Deferred because of the retirement test
  - D3–Auxiliary of a beneficiary in D2 status
  - D4–No child in her care
  - D5–Auxiliary of a beneficiary in D1 status
  - D6–Recovering overpayments not attributable to above reasons
  - D9–Miscellaneous
  - DP–Public assistance
  - DW–Workmen's Compensation Offset
  - E–Payment certified to the Railroad Retirement Board
  - N–Disallowed Claim
  - ND–Denied Claim
  - P–Delayed Claim (Adjudication Pending)
- T Terminated Status (for insured and Prouty individuals)
  - TO–Benefits paid by another agency (e.g., RRB)
  - T1–Death of beneficiary
  - T2–Dependent terminated due to death of insured (e.g., B to D case)
  - T3–Divorce, Marriage, Remarriage (e.g., B to T Case)
  - T4–Attained age 18 (22)
  - T5–Entitled to equal or higher benefits on another account
  - T6–Death, marriage of child, child not disabled or attending school
  - T7–Child adopted
  - T8–Disabled adult or child no longer disabled
  - T9–Miscellaneous terminations
  - TA–Termination prior to entitlement
  - TB–Entitled to disabled widow's benefits
  - TC–Disabled widow attained age 62
  - TG–Garnishment Term
  - TP–Termination–change of PIC on post-entitlement actions
  - T(+)–The claim was withdrawn
- A Adjustment Status (LAF A is an intermediate temporary status which will be followed by a debit action stabilizing the beneficiary status in LAF C, S, D or T)
  - A0–Age 65 reduction factor adjustment
  - A1–Military service recomp (Sec. 229)
  - A2–1965 or 1967 recomp pending
  - A3–Military service recomp (Sec. 217, 229)
  - A4–Disability offset recalculation
  - A5–Recomp other than A0-A4 and A6-A7
  - A6–Disability freeze recalculation
  - A7–Military service recomp under Sec. 217
  - A8–Record being transferred from DIO to another PSC
  - A9–Miscellaneous adjustment
  - AC–PIA correction (no recomp)
  - AD–Dual entitlement (both accounts in same PSC)
  - AF–Record being transferred to another PSC or DIO
  - AJ–Workmen's comp–offset being cancelled
  - AM–Transfer from health insurance only to benefit status
  - AP–Change of PIC on post-entitlement actions
  - AW–Workmen's comp offset being imposed
  - A&–Status being changed to current payment (LAF C)
  - A–Status being changed from current pay to deferred or suspense
- U Active status for Health Insurance only
- X Terminated or adjusted status (for uninsured accounts only)
  - X0–Transfer to RRB
  - X1–Death of uninsured enrollee
  - X5–Entitled to another type of benefit (e.g., T to A BIC)
  - X8–Representative being developed (to receive billing notices)
  - X9–Miscellaneous termination
  - XD–Withdrawal for adjustment
  - XF–Case transferred to another PSC or DIO
  - XK–Deportation
  - X&–Withdrawal of SMIB in SMIB only case (no entitlement whatsoever)
  - X7–HI/SMI term

01005.807 Hospital and Medical Insurance Option Codes

C – No, cessation of disability
D – Denied
E – Yes, Automatic entitlement to Part A (premium not involved)
G – Good case
H – No, beneficiary is not eligible for Part A
N – No response or attempted to enroll outside of enrollment period
P – Railroad jurisdiction
R – Refused
S – No, CRD no longer involved
T – Terminated – nonpayment of premiums
W – SMI withdrawal
Y – Elected SMI

01005.808 State Codes

Code State/Geographical Location

010 – Alabama
020 – Alaska (no current buy-in agreement)
030 – Arizona
040 – Arkansas
050 – California
060 – Colorado
070 – Connecticut
080 – Delaware (Blind) (Obsolete)
080 – Delaware (DPW)
090 – District of Columbia
100 – Florida
10A – Florida Welfare Cuban Categorical Assistance Program
110 – Georgia
120 – Hawaii
130 – Idaho
140 – Illinois
150 – Indiana
160 – Iowa
170 – Kansas
180 – Kentucky
190 – Louisiana (no current buy-in agreement)
200 – Maine
210 – Maryland
220 – Massachusetts (DPW)
22A – Massachusetts (Blind)
230 – Michigan
240 – Minnesota
250 – Mississippi
260 – Missouri
270 – Montana
280 – Nebraska
290 – Nevada
300 – New Hampshire
310 – New Jersey
320 – New Mexico
330 – New York
340 – North Carolina (DPW)
34A – North Carolina (Blind) (Obsolete)
350 – North Dakota
360 – Ohio
370 – Oklahoma
380 – Oregon (no current buy-in agreement)
390 – Pennsylvania
400 – Puerto Rico (no current buy-in agreement)
410 – Rhode Island
420 – South Carolina
430 – South Dakota
440 – Tennessee
450 – Texas
460 – Utah
470 – Vermont
480 – Virgin Islands
490 – Virginia (DWI)
49A – Virginia (Com. VI.H.) (Obsolete)
500 – Washington
510 – West Virginia
520 – Wisconsin
530 – Wyoming (no current buy-in agreement)
640 – Samoa (no current buy-in agreement)
650 – Guam

01005.809 Group Payers—Part A and B

California

A23 – County of San Mateo
Redwood City, CA
A32 – Kaiser Steel Corporation
Fontana, CA
A53 – California-Nevada Methodist Home
Oakland, CA
A63 – Northern California Presbyterian Homes, Inc.
Portola Valley, CA
J72 – Los Angeles County Retirement Association
Los Angeles, CA
J94 – Department of Water and Power
Los Angeles, CA
K55 – Department of Veterans Affairs
Veterans Home of California
Yountville, CA
B07 – Newspaper/Guild/Publishers
San Francisco, CA
B13 – National Federation of Independent Business
San Mateo, CA
B14 – Sisters of Mercy
Auburn, CA
B19 – Gaffers and Sattler
Los Angeles, CA
B36 – TRW, Inc.
Redonda Beach, CA

Connecticut

J92 – Travelers Insurance Company
Hartford, CT
B20 – Yale University
New Haven, CT
B29 – Perkin-Elmer Corporation
Norwalk, CT

Delaware

B17–International Playtex, Inc.
Dover, DEL

District of Columbia

K65–Group Health Assoc., Inc.
Washington, DC

X65–Group Health Assoc., Inc.
Washington, DC

Florida

B21–Brevard County School Board
Titusville, FL

B28–Eastern Airlines
Miami, FL

Illinois

A57–Sisters of St. Casmir
Chicago, IL

J81–Public School Teachers Pension and Retirement Fund of Chicago
Chicago, IL

K59–Dominican Sisters
Sacred Heart Convent
Springfield, IL

K64–Francisan Sisters of the Sacred Heart
Mokena, IL

K78–Dominicans, Prov. of St. Albert
Chicago, IL

X78–Dominicans, Prov. of St. Albert
Chicago, IL

K80–Southern Dominican Province
Chicago, IL

X80–Southern Dominican Province
Chicago, IL

B01–The Felician Sisters
Chicago, IL

Indiana

K73–Indiana State Board of Health
Indianapolis, IN

Louisiana

B34–La. State Univ. Medical Center
Shreveport, LA

Maryland

A37–Sisters of Charity of St. Joseph
Emmitsburg, MD

K70–Kidney Disease Program of MD.
Baltimore, MD

K75–Archdiocesan Insurance Office
Baltimore, MD

Massachusetts

A50–City of Newton
Newton Center, MA

J03–City of Brockton
Brockton, MA

J65–City of New Bedford
New Bedford, MA

J66–City of Cambridge
Cambridge, MA

J68–City of Malden
Malden, MA

J69–Town of Brookline
Brookline, MA

J71–City of Worcester
Worcester, MA

J73–City of Springfield
Springfield, MA

J62–Massachusetts Group Insurance Commission
Boston, MA

X82–Massachusetts Group Insurance Commission
Boston, MA

Michigan

K62–Adrian Dominican Generalate
Adrian, MI

B26–Henry Ford Hospital
Troy, MI

Minnesota

A14–Academy of Our Lady of Lourdes
Rochester, MN

K69–Regional Kidney Disease Program
Minneapolis, MN

New Jersey

A02–City of Newark
Newark, NJ

A05–Passaic County
Patterson, NJ

B30–Okonite Company
Ramsey, NJ

B02–Sisters of Christian Charity
Mendham, NJ

B03–Convent of the Immaculate Conception
West Paterson, NJ

B16–McGraw-Hill, Inc.
Hightstown, NJ

B35–Local 68 Fund Service Office
West Caldwell, NJ

New York
- A06 – Lord and Taylor
  New York, NY
- A11 – Publishers-Newspapers and Mail
  New York, NY
- A19 – New York City Transit
  Brooklyn, NY
- J07 – NYSA-ILA Coordinating Committee
  New York, NY
- J67 – New York State Teachers
  Retire. Board
  Albany, NY
- J80 – New York State Employees
  Retirement System
  Albany, NY
- B04 – Sisters of St. Joseph
  Rochester, NY
- A39 – City of New York
  New York, NY
- B08 – Grumman Aerospace Corporation
  Bethpage, NY
- B11 – Onondage County
  Syracuse, NY
- B25 – Consolidation Edison Company
  New York, NY

North Carolina
- B37 – City of Charlotte
  Charlotte, NC

Ohio
- A41 – Sisters of Charity
  Mount St. Joseph, OH
- J83 – State of Ohio Public Employees
  Retirement System
  Columbus, OH
- J84 – School Employees Retirement
  System
  Columbus, OH
- J85 – State Teachers Retirement
  System of Ohio
  Columbus, OH
- J90 – Republic Steel Corporation
  Cleveland, OH
- K57 – The Timken Roller Bearing Company
  Canton, OH
- K67 – Department of Finance
  Columbus, OH
- B09 – City of Toledo
  Toledo, OH
- B15 – University of Cincinnati
  Cincinnati, OH
- B23 – Ohio Casualty Insurance Company
  Hamilton, OH
- B31 – Prescott, Ball and Turben
  Cleveland, OH

Oregon
- K79 – Sisters of the Holy Names
  Marylhurst, OR
- X79 – Sisters of the Holy Names
  Marylhurst, OR
- B06 – Sisters of St. Mary
  Beaverton, OR

Pennsylvania
- A59 – Policemen's and Firemen's Medical
  Association
  Philadelphia, PA
- J04 – City of Philadelphia
  Philadelphia, PA
- J63 – Jones and Laughlin Steel Corp.
  Pittsburgh, PA
- J64 – US Steel and Carnegie Pension Fund
  Pittsburgh, PA
- K74 – Camilla Nursing Home
  Immaculate, PA
- K76 – Servants of the Immaculate
  Heart of Mary
  Scranton, PA
- K77 – Sisters of SS Cyril and
  Methodius
  Danville, PA
- B05 – Quarryville Presbyterian Home
  Quarryville, PA
- B27 – Abington Memorial Hospital
  Abington, PA
- B33 – University of Pennsylvania
  Philadelphia, PA

Puerto Rico
- K37 – Puerto Rican Teachers
  Retirement Board
  Hato Key, PR

Rhode Island
- B10 – State of Rhode Island
  Providence, RI

South Carolina
- B22 – W.R. Grace and Company
  Duncan, SC

Tennessee
- K68 – Renal Disease Program Coordinator
  Nashville, TN

Texas
- A51 – City of Dallas
  Dallas, TX
- B18 – Hooker Chemical Company
  Houston, TX
- B24 – Pennzoil Company
  Houston, TX

Washington
- K72 – Northwest Kidney Center
  Seattle, WA

Wisconsin

A12–City of Milwaukee
Milwaukee, WI

A18–Sisters of St. Francis School
Milwaukee, WI

J99–Milwaukee County Employees
Benefit Division
Milwaukee, WI

K36–Employees Retirement System
of the City of Milwaukee
Milwaukee, WI

Wyoming

A47–Shoshone and Arapahoe Tribes
Ft. Washakie, WY

B32–Wyoming State Employees'
and Officials' Group Insurance
Cheyenne, WY

01005.810 HCFA-2384, Third Party Premium Billing Request

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

Form Approved
OMB No. 068-R-0057

THIRD PARTY PREMIUM BILLING REQUEST

DATE

"This statement is to be completed by an individual who desires that his/her Supplemental Medical Insurance premiums be paid by a third party. The information obtained on this form is used only to identify the premium payer named by the insured individual. There are no routine uses for this form. Although the completion of this form is voluntary, the enrollee, rather than a third party, will be billed for the premiums unless all information requested below is furnished."

I. INDIVIDUAL'S AUTHORIZATION

NAME OF ENROLLER

ACCOUNT NUMBER

I request that my Medicare premium bill which I must pay be sent to _____

rather than to me, because _____

I also authorize release to him/her of any information in regard to my rights under Title XVIII of the Social Security Act.

SIGNATURE OF ENROLLEE

ADDRESS *(Street, City, State and ZIP Code)*

II. REQUEST OF THIRD PARTY PAYER

I request that the Medicare premium bill for the enrollee named above be sent to me rather than to him/her. I understand that I must pay the premiums promptly to protect the enrollee's benefit rights. I agree to notify SSA or HCFA promptly if my address changes, and if for any reason it becomes impossible for me to pay the premiums, I will try to give SSA or HCFA as much advance notice as possible (preferably 3 months) so that other arrangements can be made for payment of the enrollee's premiums.

I believe that I am the proper person to receive premium notices on behalf of the above named enrollee because (check each of the following blocks that are applicable):

1. ☐ I am a relative *(Give relationship)*
2. ☐ The enrollee is living with me
3. ☐ I am financially responsible for the enrollee
4. ☐ Other reasons not included above *(explain below)*

EXPLAIN REASONS

SIGNATURE OF THIRD PARTY PAYER

ADDRESS *(Street, City, State and ZIP Code)*

III. SSA ACTION *(This space for District Office use only)*

COMMENTS

SIGNATURE OF DO OFFICIAL

REQUEST APPROVED ☐ Yes ☐ No

DATE sent to Program Service Center

Form **HCFA-2384** (9-80) **(Formerly SSA-2384)**

01005.811 Form HCFA-1589, Medical Insurance Termination Notice

Medicare Information

From: Social Security Administration
Office of Disability Operations
Baltimore, Maryland 21241

Medical Insurance Termination Notice

Date

Claim No

Last Day Of Medical Insurance Coverage
Past Due Premiums Owed

Our records show that the premium amount shown above was not paid within the time limit set by the law. Therefore, your medical insurance coverage has been stopped and benefits will not be paid for any medical services you receive after your last day of coverage. (This decision does not affect your hospital insurance if you have such coverage.)

You are still responsible for paying the unpaid premiums shown above. You owe these premiums for months during which you still had coverage. Make your payment by check or money order made payable to: Health Care Financing Administration Medicare Insurance, and mail it to us in the enclosed envelope. Please print the entire claim number shown above on the front of your check or money order.

If you paid your medical insurance premiums on or before the last day of coverage, or if you believe that some other person or organization has paid these premiums for you, please contact any social security office.

If there was a good reason for your failure to pay premiums on or before the day your coverage ended you may ask to have your coverage reinstated. However, you must make such a request within 90 days after the last day of medical insurance coverage shown above and be prepared to pay all premiums now overdue.

If you have any questions about hospital or medical insurance benefits, please call, write to, or visit any social security office.

Enclosure:
Envelope

01005.812 Form HCFA-1589A, Medical Insurance Termination Record

Office of Disability Operations
Baltimore, Maryland 21241

Medical Insurance Termination Record

Date

Claim No

Last Day Of Medical Insurance Coverage
Past Due Premiums Owed

Our records show that the premium amount shown above was not paid within the time limit set by the law. Therefore, your medical insurance coverage has been stopped and benefits will not be paid for any medical services you receive after your last day of coverage. (This decision does not affect your hospital insurance if you have such coverage.)

You are still responsible for paying the unpaid premiums shown above. You owe these premiums for months during which you still had coverage. Make your payment by check or money order made payable to: Health Care Financing Administration Medicare Insurance, and mail it to us in the enclosed envelope. Please print the entire claim number shown above on the front of your check or money order.

If you paid your medical insurance premiums on or before the last day of coverage, or if you believe that some other person or organization has paid these premiums for you, please contact any social security office.

If there was a good reason for your failure to pay premiums on or before the day your coverage ended you may ask to have your coverage reinstated. However, you must make such a request within 90 days after the last day of medical insurance coverage shown above and be prepared to pay all premiums now overdue.

If you have any questions about hospital or medical insurance benefits, please call, write to, or visit any social security office.

Enclosure:
Envelope

Run No	UPD Mo	Old ABN	New ABN

BIC	MBA	MBP

Form HCFA-1589A (7-78) (Formerly SSA-1589A)

01005.813 Form HCFA-2653, Hospital Insurance Termination Notice

Medicare Information

From: Social Security Administration, Bureau of Retirement and Survivors Insurance
Northeastern Program Service Center
P.O. Box 230, Flushing, New York 11352

Hospital Insurance Termination Notice

Date:

Claim No:

Last Day of Hospital Insurance Coverage
Past Due Premiums Owed

Our records show that the premium amount shown above was not paid within the time limit set by the law. Therefore, your hospital insurance coverage has been stopped and benefits will not be paid for any hospital services you receive after your last day of coverage. (This decision does not affect your medical insurance coverage. You should continue to pay medical insurance premiums in order to keep this valuable protection.)

You are still responsible for paying the unpaid premiums shown above. You owe these premiums for months during which you still had coverage. Make your payment by check or money order made payable to: Health Care Financing Administration Medicare Insurance, and mail it to us in the enclosed envelope. Please print the entire claim number shown above on the front of your check or money order.

If you paid your hospital insurance premiums on or before the last day of coverage, or if you believe that some other person or organization has paid these premiums for you please contact any social security office.

If there was a good reason for your failure to pay premiums on or before the day your coverage ended you may ask to have your coverage reinstated. However, you must make such a request within 90 days after the last day of hospital insurance coverage shown above and be prepared to pay all premiums now overdue.

If you have any questions about hospital or medical insurance benefits, please call, write to, or visit any social security office.

Enclosure:
Envelope

01005.814 Form HCFA-2653A, Hospital Insurance Termination Record

Northeastern Program Service Center
P.O. Box 230
Flushing, New York 11352

Hospital Insurance Termination Record

Date

Claim No

Last Day of Hospital Insurance Coverage
Past Due Premiums Owed

Our records show that the premium amount shown above was not paid within the time limit set by the law. Therefore, your hospital insurance coverage has been stopped and benefits will not be paid for any hospital services you receive after your last day of coverage. (This decision does not affect your medical insurance coverage. You should continue to pay medical insurance premiums in order to keep this valuable protection.)

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Enclosure:
Envelope

Run No	UPD Mo	Old ABN	New ABN

BIC	Additional Processing Data

Form HCFA-2653A (9-78)

01005.815 Form HCFA-2654, Hospital and Medical Insurance Termination Notice

Medicare Information

From: Social Security Administration, Bureau of Disability Insurance
Baltimore, Maryland 21241

Date:

Claim No.:

Last Day of Hospital and
Medical Insurance Coverage:

Past Due Premiums Owed:

You are still responsible for paying the unpaid premiums shown above. You owe these premiums for months during which you still had coverage. Make your payment by check or money order made payable to: Health Care Financing Administration Medicare Insurance, and mail it to us in the enclosed envelope. Please print the entire claim number shown above on the front of your check or money order.

Department of Health, Education, and Welfare
Health Care Financing Administration

Form HCFA-2654 (7-78)
(Formerly SSA-2654)

Bureau of Disability Insurance
Baltimore, Maryland 21241

Date:

Claim No.:

Last Day of Hospital and
Medical Insurance Coverage:

Past Due Premiums Owed:

You are still responsible for paying the unpaid premiums shown above. You owe these premiums for months during which you still had coverage. Make your payment by check or money order made payable to: Health Care Financing Administration Medicare Insurance, and mail it to us in the enclosed envelope. Please print the entire claim number shown above on the front of your check or money order.

Form HCFA-2654A (7-78)
(Formerly SSA-2654A)

01005.816 Form HCFA-2654A, Hospital and Medical Insurance Termination Record

Medicare Information

From: Social Security Administration, Bureau of Disability Insurance
Baltimore, Maryland 21241

Date:

Claim No.:

Last Day of Hospital and
Medical Insurance Coverage:

Past Due Premiums Owed:

You are still responsible for paying the unpaid premiums shown above. You owe these premiums for months during which you still had coverage. Make your payment by check or money order made payable to: Health Care Financing Administration Medicare Insurance, and mail it to us in the enclosed envelope. Please print the entire claim number shown above on the front of your check or money order.

Department of Health, Education, and Welfare
Health Care Financing Administration

Form HCFA-2654 (7-78)
(Formerly SSA-2654)

Bureau of Disability Insurance
Baltimore, Maryland 21241

Date:

Claim No.:

Last Day of Hospital and
Medical Insurance Coverage:

Past Due Premiums Owed:

You are still responsible for paying the unpaid premiums shown above. You owe these premiums for months during which you still had coverage. Make your payment by check or money order made payable to: Health Care Financing Administration Medicare Insurance, and mail it to us in the enclosed envelope. Please print the entire claim number shown above on the front of your check or money order.

Form HCFA-2654A (7-78)
(Formerly SSA-2654A)

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